

## **EXHIBIT D1.**

**Exhibit 1 to Stewart Affidavit -  
Plaintiff Christopher McCullough's  
entire Jail File.**

*— part 8 —*

# CHAMBERS COUNTY DETENTION FACILITY

# CUMULATIVE OBSERVATION SHEET

**Date:** 11/6/02 **Type Observation:** Admin

[illegible]

SUPERVISOR INITIALS:

Sgt Wright

[illegible]

SUPERVISOR INITIALS: Sgt Wright

SUPERVISOR INITIALS:

# CHAMBERS COUNTY DETENTION FACILITY

## CUMULATIVE OBSERVATION SHEET

Date: 10/30/02 Type Observation: Admin

NAME <u>McCullough Christopher</u>		MASTER ID# <u>6847</u>	
ORDERED BY	DOB <u>11-27-72</u>	RACE <u>B</u>	SEX <u>M</u>
			CELL# <u>B-41</u>
TIME	OFFICER	REMARKS	
<u>1800</u>	<u>CRJ</u>	<u>SHIFT CHANGE</u>	
<u>1900</u>	<u>CRJ</u>	<u>CELL</u>	
<u>2012</u>	<u>CRJ</u>	<u>TRAYS</u>	
<u>2032</u>	<u>CRJ</u>	<u>P/V TRAYS</u>	
<u>2100</u>	<u>CRJ</u>	<u>CELL</u>	
<u>2200</u>	<u>CRJ</u>	<u>CELL</u>	
<u>2230</u>	<u>CRJ</u>	<u>LIGHTS OUT</u>	
<u>2300</u>	<u>CRJ</u>	<u>CELL</u>	
<u>0000</u>	<u>CRJ</u>	<u>CELL</u>	
<u>0100</u>	<u>CRJ</u>	<u>CELL</u>	
<u>0200</u>	<u>CRJ</u>	<u>CELL</u>	
<u>0300</u>	<u>CRJ</u>	<u>CELL</u>	
<u>0400</u>	<u>CRJ</u>	<u>CELL</u>	
<u>0430</u>	<u>CRJ</u>	<u>WAKE UP</u>	
<u>0445</u>	<u>CRJ</u>	<u>TRAYS</u>	
<u>0530</u>	<u>CRJ</u>	<u>P/V TRAYS</u>	

SUPERVISOR INITIALS

Sgt. Davidson

SUPERVISOR INITIALS:

[illegible]

SUPERVISOR INITIALS:



# CHAMBERS COUNTY DETENTION FACILITY INMATE GRIEVANCE FORM

Received  
10-29-02

INSTRUCTIONS: Fill in all of the information requested down to the dotted line. In describing the grievance or complaint, give as much information as possible. List the names of any persons involved, the date or dates of any relevant events, the specified location of the events or conditions, and the names of witnesses to the events or conditions. When you have finished filling out the form, give it back to one of the facility staff members.

NAME: Chris Mc Culbough TODAY'S DATE: 10-09-2002

GRIEVANCE: I have requested on 3 different request  
slips this week to have notarizations done but I have  
gotten no response.  
I even told Sgt. Peter this morning to remind Major Bill  
but I once again got no response. I go back to court on  
10-16-02 so I need this done immediately.

SOLUTION WANTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED BY SHIFT SUPERVISOR:

DATE: 10-29-02 SIGNATURE: Sgt. Mike Dehry

Upon receipt by Shift Supervisor, Grievance should be signed by the Supervisor and a copy of the Grievance should be returned to the Inmate.

ACTION TAKEN: Brought Down AND Notarized By Off Williams  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 10-25-02 SIGNATURE: Sgt. Dehry



[illegible]

SUPERVISOR INITIALS: Kuo

# CHAMBERS COUNTY DETENTION FACILITY

## CUMULATIVE OBSERVATION SHEET

Date:

10/29/02

Type Observation:

Admin

NAME <u>McCullough, Christopher</u>		MASTER ID#		
ORDERED BY <u>Kirk</u>	DOB	RACE <u>B</u>	SEX <u>M</u>	CELL# <u>B-8</u>
TIME	OFFICER	REMARKS		
1800	JJ	Change of Shift		
1900	JJ	Tray		
1936	JJ	P/u Tray		
2018	JJ	in cell		
2100	JJ	in cell		
2200	JJ	in cell		
2230	UB	lights off		
2256	UB	in cell		
2320	UB	in cell		
2347	UB	in cell		
0000	UB	in cell		
0030	UB	in cell		
0110	UB	in cell		
0134	UB	in cell		
0205	UB	in cell		
0235	UB	in cell		
0300	UB	in cell		
0400	JJ	in cell		
0430	JJ	lights on		
0500	JJ	Tray		
0530	JJ	P/u Tray		

SUPERVISOR INITIALS: \_\_\_\_\_

Kirk

PT - Day Shift  
Receiver - Night Shift

DATE RECEIVED: 10/28/02TIME RECEIVED: 1800RECEIVED BY: JMS

## CHAMBERS COUNTY DETENTION FACILITY

## INMATE REQUEST FORM

NAME Chris McCullough CELL# E-1406 DATE 10-28-02  
BRIEFLY OUTLINE YOUR REQUEST

I request to you Captain for a Notary  
Service as soon as possible.

Thank you

Chris McCullough  
(INMATE SIGNATURE)

DO NOT WRITE BELOW THIS LINE-FOR REPLY ONLY

Requester notified by 136 10/29/2002

[Signature]  
(OFFICERS SIGNATURE)

DATE 10-29-2002

APPROVED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

30

DATE RECEIVED: 10-8-02  
TIME RECEIVED: 513  
RECEIVED BY: LL

**CHAMBERS COUNTY DETENTION FACILITY**

**INMATE REQUEST FORM**

NAME Chris Mc Cullough CELL# E-Block DATE 10-8-2002  
BRIEFLY OUTLINE YOUR REQUEST

I Request for a Notary Service

Chris Mc Cullough  
(INMATE SIGNATURE)

**DO NOT WRITE BELOW THIS LINE-FOR REPLY ONLY**

\_\_\_\_\_  
(OFFICERS SIGNATURE)

DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

DATE RECEIVED: 18-28-02TIME RECEIVED: 2230RECEIVED BY: see 1019**CHAMBERS COUNTY DETENTION FACILITY****INMATE REQUEST FORM**NAME Chris McCullough CELL# E-5 DATE 8-28-2002

BRIEFLY OUTLINE YOUR REQUEST

I request for a Notary  
Service to notarize my legal papers.Chris McCullough  
(INMATE SIGNATURE)

DO NOT WRITE BELOW THIS LINE-FOR REPLY ONLY

legal papers notarizedCapit Be...  
(OFFICERS SIGNATURE)DATE 8-30-02APPROVED X YES        NO

DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

**CHAMBERS COUNTY DETENTION FACILITY****INMATE REQUEST FORM**NAME Chris McCullough CELL# E-Block DATE 7-14-2008

BRIEFLY OUTLINE YOUR REQUEST

To: Mr. Bill Lendrum

I am requesting permission  
to get married on Aug 22 or prior Aug 22  
cause my fiance said she has already been  
talking to you about us getting married

Chris McCullough  
(INMATE SIGNATURE)

DO NOT WRITE BELOW THIS LINE-FOR REPLY ONLY

Please Her Call me about it

[Signature]  
(OFFICERS SIGNATURE)

DATE 7-15-08

APPROVED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

DATE RECEIVED: 05-16-02TIME RECEIVED: 1443RECEIVED BY: A 28

## CHAMBERS COUNTY DETENTION FACILITY

## INMATE REQUEST FORM

NAME Chris McCullough CELL# E-5 DATE 5-16-02  
BRIEFLY OUTLINE YOUR REQUESTI request to know what date I first  
came to the County Jail.Chris McCullough  
(INMATE SIGNATURE)

DO NOT WRITE BELOW THIS LINE-FOR REPLY ONLY

You was arrested on 03/19/2002

(OFFICERS SIGNATURE)

DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_



DATE RECEIVED: \_\_\_\_\_  
TIME RECEIVED: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_

# CHAMBERS COUNTY DETENTION FACILITY

## INMATE REQUEST FORM

NAME Christopher McCullough CELL# E-Block DATE 4-16-2002

BRIEFLY OUTLINE YOUR REQUEST

I request to see the Captain for a  
notary service on some legal papers

Christopher McCullough  
(INMATE SIGNATURE)

DO NOT WRITE BELOW THIS LINE-FOR REPLY ONLY

Brought inmate down was a form that another  
inmate was to sign inmate refused to sign it.

Both inmates returned Paper was not  
notarized

S. Bassett  
(OFFICERS SIGNATURE)

DATE 4-17-02

APPROVED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Release

Refuse  
AMSun E  
9:00

## CHAMBERS COUNTY DETENTION FACILITY

## INMATE VISITORS LIST

McLullough Christopher C.  
NAME (LAST) FIRST MIDDLE

7-5-01

DATE

6847  
MASTER ID#11-27-72  
DOB

#1 NAME

AGE

RELATIONSHIP

ADDRESS

PHONE #

#2 NAME

AGE

RELATIONSHIP

ADDRESS

PHONE #

#3 NAME

AGE

RELATIONSHIP

ADDRESS

PHONE #

#4 NAME

AGE

RELATIONSHIP

ADDRESS

PHONE #

INMATE SIGNATURE

## CHAMBERS COUNTY DETENTION FACILITY

## INMATE CELL ASSIGNMENT CHANGE ORDER

NAME: Courtney McCullough MASTER ID#: 915 DATE: 7/3/01CURRENT CELL ASSIGNMENT: C-9-FREASON FOR REASSIGNMENT: placed on trusteeNEW CELL ASSIGNMENT: A-34-F

OFFICER REQUESTING CHANGE

S. Lantry  
~~SHIFT~~ SUPERVISOR

POD CONTROL CARD CHANGED

IMG CO INITIALS

BOOKING BOARD CARD CHANGED

SA CO INITIALS

ADMISSION RECORD CHANGED

SA CO INITIALSmoved inmate Danica Mackey

DATE RECEIVED: 7-2-01TIME RECEIVED: 1508RECEIVED BY: D-29

## CHAMBERS COUNTY DETENTION FACILITY

## INMATE REQUEST FORM

NAME Robert McCallahan CELL# C-Block DATE 7/02/01  
BRIEFLY OUTLINE YOUR REQUEST

It would be greatly appreciated if I could be recommended for transition  
status. I have six months to release. I am an amateur radio operator and  
will work on my own already. Thanks!

Robert McCallahan  
(INMATE SIGNATURE)

DO NOT WRITE BELOW THIS LINE-FOR REPLY ONLY

Approved

S. Gentry  
(OFFICERS SIGNATURE)

DATE 7/3/01

APPROVED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

## CHAMBERS CO. SHERIFF'S OFFICE

03/06/2007 16:34:50

## MEDICAL SCREENING FORM

PAGE 1

Booking No: 070000420 Date: 03/06/2007 Time: 16:28 Type: NORMAL  
 Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
 DOB: 11/27/1972 Age: 34 SSN: 416 11 4328 Height: 5'01" Weight: 150

- 1   1. Is inmate unconscious?
- 1   2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
- 1   3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
- 1   4. Any signs of poor skin condition, vermin, rashes or needle marks?
- 1   5. Does inmate appear to be under the influence of drugs or alcohol?
- 1   6. Any visible signs of alcohol or drug withdrawal?
- 1   7. Does inmate's behavior suggest the risk of suicide or assault?
- 1   8. Is inmate carrying any medication?
- 1   9. Does the inmate have any physical deformities?
- 1   10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?

- |                           |                                      |                                  |
|---------------------------|--------------------------------------|----------------------------------|
| <u>  1  </u> a. Allergies | <u>  1  </u> f. Fainting Spells      | <u>  1  </u> k. Seizures         |
| <u>  1  </u> b. Arthritis | <u>  1  </u> g. Hearing Condition    | <u>  1  </u> l. Tuberculosis     |
| <u>  1  </u> c. Asthma    | <u>  1  </u> h. Hepatitis            | <u>  1  </u> m. Ulcers           |
| <u>  1  </u> d. Diabetes  | <u>  1  </u> i. High Blood Pressure  | <u>  1  </u> n. Venereal Disease |
| <u>  1  </u> e. Epilepsy  | <u>  1  </u> j. Psychiatric Disorder | <u>  1  </u> o. Other (Specify)  |

Other: \_\_\_\_\_

12. For females only:

- a. Are you pregnant?
- b. Do you take birth control pills?
- c. Have you recently delivered?

## CHAMBERS CO. SHERIFF'S OFFICE

03/06/2007

16:34:50

MEDICAL SCREENING FORM

PAGE 2

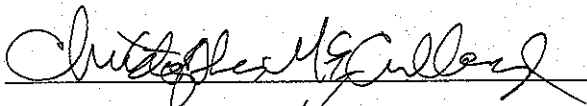
Booking No: 070000420 Date: 03/06/2007 Time: 16:28 Type: NORMAL  
Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
DOB: 11/27/1972 Age: 34 SSN: 416 11 4328 Height: 5'01" Weight: 150

- Y 13. Have you recently been hospitalized or treated by a doctor?
- Y 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- A 15. Are you allergic to any medication?
- N 16. Do you have any handicaps or conditions that limit activity?
- N 17. Have you ever attempted suicide or are you thinking about it now?
- N 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a physician?
- N 21. Do you have any problems or pain with your teeth?
- N 22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE:



DATE:

3-6-7

TIME:

BOOK OFFICER:



DATE:

3-6-7

TIME:

## CHAMBERS CO. SHERIFF'S OFFICE

11/04/2005

18:08:58

MEDICAL SCREENING FORM

PAGE 1

Booking No: 050001888 Date: 11/04/2005 Time: 18:06 Type: NORMAL

Agency to Bill: CHAMBERS COUNTY

Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS

Race: B

Sex: M

DOB: 11/27/1972 Age: 32 SSN: 416 11 4328 Height: 5'01" Weight: 150

- \_\_\_\_\_ 1. Is inmate unconscious?
- \_\_\_\_\_ 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
- \_\_\_\_\_ 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
- \_\_\_\_\_ 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- \_\_\_\_\_ 5. Does inmate appear to be under the influence of drugs or alcohol?
- \_\_\_\_\_ 6. Any visible signs of alcohol or drug withdrawal?
- \_\_\_\_\_ 7. Does inmate's behavior suggest the risk of suicide or assault?
- \_\_\_\_\_ 8. Is inmate carrying any medication?
- \_\_\_\_\_ 9. Does the inmate have any physical deformities?
- \_\_\_\_\_ 10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?
- |                    |                               |                           |
|--------------------|-------------------------------|---------------------------|
| _____ a. Allergies | _____ f. Fainting Spells      | _____ k. Seizures         |
| _____ b. Arthritis | _____ g. Hearing Condition    | _____ l. Tuberculosis     |
| _____ c. Asthma    | _____ h. Hepatitis            | _____ m. Ulcers           |
| _____ d. Diabetes  | _____ i. High Blood Pressure  | _____ n. Venereal Disease |
| _____ e. Epilepsy  | _____ j. Psychiatric Disorder | _____ o. Other (Specify)  |

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 12. For females only:

- \_\_\_\_\_ a. Are you pregnant?
- \_\_\_\_\_ b. Do you take birth control pills?
- \_\_\_\_\_ c. Have you recently delivered?



## CHAMBERS CO. SHERIFF'S OFFICE

11/04/2005

18:08:58

## MEDICAL SCREENING FORM

PAGE 2

Booking No: 050001888 Date: 11/04/2005 Time: 18:06 Type: NORMAL  
Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
DOB: 11/27/1972 Age: 32 SSN: 416 11 4328 Height: 5'01" Weight: 150

- \_\_\_\_\_ 13. Have you recently been hospitalized or treated by a doctor?
- \_\_\_\_\_ 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- \_\_\_\_\_ 15. Are you allergic to any medication?
- \_\_\_\_\_ 16. Do you have any handicaps or conditions that limit activity?
- \_\_\_\_\_ 17. Have you ever attempted suicide or are you thinking about it now?
- \_\_\_\_\_ 18. Do you regularly use alcohol or street drugs?
- \_\_\_\_\_ 19. Do you have any problems when you stop drinking or using drugs?
- \_\_\_\_\_ 20. Do you have a special diet prescribed by a physician?
- \_\_\_\_\_ 21. Do you have any problems or pain with your teeth?
- \_\_\_\_\_ 22. Do you have any other medical problems we should know about?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: X Christopher McCullough

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

BOOK OFFICER: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

## CHAMBERS CO. SHERIFF'S OFFICE

04/05/2005

20:17:50

## MEDICAL SCREENING FORM

PAGE 1

Booking No: 050000565 Date: 04/05/2005 Time: 20:11 Type: NORMAL  
 Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUS Race: B Sex: M  
 DOB: 11/27/1972 Age: 32 SSN: 416 11 4328 Height: 5'01" Weight: 150

1. Is inmate unconscious?
2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
4. Any signs of poor skin condition, vermin, rashes or needle marks?
5. Does inmate appear to be under the influence of drugs or alcohol?
6. Any visible signs of alcohol or drug withdrawal?
7. Does inmate's behavior suggest the risk of suicide or assault?
8. Is inmate carrying any medication?
9. Does the inmate have any physical deformities?
10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?

- |                        |                                   |                               |
|------------------------|-----------------------------------|-------------------------------|
| <u>  </u> a. Allergies | <u>  </u> f. Fainting Spells      | <u>  </u> k. Seizures         |
| <u>  </u> b. Arthritis | <u>  </u> g. Hearing Condition    | <u>  </u> l. Tuberculosis     |
| <u>  </u> c. Asthma    | <u>  </u> h. Hepatitis            | <u>  </u> m. Ulcers           |
| <u>  </u> d. Diabetes  | <u>  </u> i. High Blood Pressure  | <u>  </u> n. Venereal Disease |
| <u>  </u> e. Epilepsy  | <u>  </u> j. Psychiatric Disorder | <u>  </u> o. Other (Specify)  |

Other: \_\_\_\_\_

## 12. For females only:

- a. Are you pregnant?
- b. Do you take birth control pills?
- c. Have you recently delivered?

## CHAMBERS CO. SHERIFF'S OFFICE

04/05/2005

20:17:50

## MEDICAL SCREENING FORM

PAGE 2

Booking No: 050000565 Date: 04/05/2005 Time: 20:11 Type: NORMAL  
Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUS Race: B Sex: M  
DOB: 11/27/1972 Age: 32 SSN: 416 11 4328 Height: 5'01" Weight: 150

- N 13. Have you recently been hospitalized or treated by a doctor?
- N 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- N 15. Are you allergic to any medication?
- N 16. Do you have any handicaps or conditions that limit activity?
- N 17. Have you ever attempted suicide or are you thinking about it now?
- Y 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a physician?
- N 21. Do you have any problems or pain with your teeth?
- N 22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE:

Chris McCullough

DATE:

TIME:

BOOK OFFICER:

James L. H.

DATE:

4-8-05

TIME:

20:11

## CHAMBERS CO. SHERIFF'S OFFICE

02/21/2005

21:42:24

## MEDICAL SCREENING FORM

PAGE 2

Booking No: 050000326 Date: 02/21/2005 Time: 21:39 Type: NORMAL  
Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUS Race: B Sex: M  
DOB: 11/27/1972 Age: 32 SSN: 416 11 4328 Height: 5'01" Weight: 150

- ☒ 13. Have you recently been hospitalized or treated by a doctor?
- ☒ 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- ☒ 15. Are you allergic to any medication?
- ☒ 16. Do you have any handicaps or conditions that limit activity?
- ☒ 17. Have you ever attempted suicide or are you thinking about it now?
- ☒ 18. Do you regularly use alcohol or street drugs?
- ☒ 19. Do you have any problems when you stop drinking or using drugs?
- ☒ 20. Do you have a special diet prescribed by a physician?
- ☒ 21. Do you have any problems or pain with your teeth?
- ☒ 22. Do you have any other medical problems we should know about?

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I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Chris McCullough DATE: 2/21/05 TIME: \_\_\_\_\_

BOOK OFFICER: Sgt. Kine DATE: 2/21/05 TIME: \_\_\_\_\_

## CHAMBERS CO. SHERIFF'S OFFICE

02/21/2005 21:42:24

## MEDICAL SCREENING FORM

PAGE 1

Booking No: 050000326 Date: 02/21/2005 Time: 21:39 Type: NORMAL  
 Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
 DOB: 11/27/1972 Age: 32 SSN: 416 11 4328 Height: 5'01" Weight: 150

1. Is inmate unconscious? ☒
2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care? ☒
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility? ☒
4. Any signs of poor skin condition, vermin, rashes or needle marks? ☒
5. Does inmate appear to be under the influence of drugs or alcohol? ☒
6. Any visible signs of alcohol or drug withdrawal? ☒
7. Does inmate's behavior suggest the risk of suicide or assault? ☒
8. Is inmate carrying any medication? ☒
9. Does the inmate have any physical deformities? ☒
10. Does inmate appear to have psychiatric problems? ☒
11. Do you have or have you ever had or has anyone in your family ever had any of the following?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> a. Allergies | <input checked="" type="checkbox"/> f. Fainting Spells      | <input checked="" type="checkbox"/> k. Seizures         |
| <input checked="" type="checkbox"/> b. Arthritis | <input checked="" type="checkbox"/> g. Hearing Condition    | <input checked="" type="checkbox"/> l. Tuberculosis     |
| <input checked="" type="checkbox"/> c. Asthma    | <input checked="" type="checkbox"/> h. Hepatitis            | <input checked="" type="checkbox"/> m. Ulcers           |
| <input checked="" type="checkbox"/> d. Diabetes  | <input checked="" type="checkbox"/> i. High Blood Pressure  | <input checked="" type="checkbox"/> n. Venereal Disease |
| <input checked="" type="checkbox"/> e. Epilepsy  | <input checked="" type="checkbox"/> j. Psychiatric Disorder | <input checked="" type="checkbox"/> o. Other (Specify)  |

Other: \_\_\_\_\_

## 12. For females only:

- ☒ a. Are you pregnant?
- ☒ b. Do you take birth control pills?
- ☒ c. Have you recently delivered?

## CHAMBERS CO. SHERIFF'S OFFICE

02/24/2004

13:08:51

## MEDICAL SCREENING FORM

PAGE 1

Booking No: 040000341 Date: 02/24/2004 Time: 13:04 Type: NORMAL  
 Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
 DOB: 11/27/1972 Age: 31 SSN: 416 11 4328 Height: 5'01" Weight: 150

N 1. Is inmate unconscious?

N 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?

N 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?

N 4. Any signs of poor skin condition, vermin, rashes or needle marks?

N 5. Does inmate appear to be under the influence of drugs or alcohol?

N 6. Any visible signs of alcohol or drug withdrawal?

N 7. Does inmate's behavior suggest the risk of suicide or assault?

N 8. Is inmate carrying any medication?

N 9. Does the inmate have any physical deformities?

N 10. Does inmate appear to have psychiatric problems?

11. Do you have or have you ever had or has anyone in your family ever had any of the following?

N a. Allergies

N f. Fainting Spells

N k. Seizures

N b. Arthritis

N g. Hearing Condition

N l. Tuberculosis

N c. Asthma

N h. Hepatitis

N m. Ulcers

N d. Diabetes

N i. High Blood Pressure

N n. Venereal Disease

N e. Epilepsy

N j. Psychiatric Disorder

N o. Other (Specify)

Other: \_\_\_\_\_

12. For females only:

\_\_\_\_ a. Are you pregnant?

\_\_\_\_ b. Do you take birth control pills?

\_\_\_\_ c. Have you recently delivered?

## CHAMBERS CO. SHERIFF'S OFFICE

02/24/2004

13:08:51

## MEDICAL SCREENING FORM

PAGE 2

Booking No: 040000341 Date: 02/24/2004 Time: 13:04 Type: NORMAL  
Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUS

Race: B

Sex: M

DOB: 11/27/1972 Age: 31 SSN: 416 11 4328 Height: 5'01" Weight: 150

- N 13. Have you recently been hospitalized or treated by a doctor?
- N 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- N 15. Are you allergic to any medication?
- N 16. Do you have any handicaps or conditions that limit activity?
- N 17. Have you ever attempted suicide or are you thinking about it now?
- N 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a physician?
- N 21. Do you have any problems or pain with your teeth?
- N 22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE:

Chris McCullough

DATE:

TIME:

BOOK OFFICER:

C/O Juller

DATE:

TIME:





01/14/2004

17:53:49

CHAMBERS CO. SHERIFF'S OFFICE

MEDICAL SCREENING FORM

PAGE 2

Booking No: 040000092 Date: 01/14/2004 Time: 17:38 Type: NORMAL  
Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUS Race: B Sex: M  
DOB: 11/27/1972 Age: 31 SSN: 416 11 4328 Height: 5'01" Weight: 150

13. Have you recently been hospitalized or treated by a doctor?
14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
15. Are you allergic to any medication?
16. Do you have any handicaps or conditions that limit activity?
17. Have you ever attempted suicide or are you thinking about it now?
18. Do you regularly use alcohol or street drugs?
19. Do you have any problems when you stop drinking or using drugs?
20. Do you have a special diet prescribed by a physician?
21. Do you have any problems or pain with your teeth?
22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE:

*Chris McCullough*

DATE: 1/14/04

TIME:

BOOK OFFICER:

*Jim*

DATE: 1/14/04

TIME:

01/14/2004

17:53:49

## CHAMBERS CO. SHERIFF'S OFFICE

## MEDICAL SCREENING FORM

PAGE 1

Booking No: 040000092 Date: 01/14/2004 Time: 17:38 Type: NORMAL  
 Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
 DOB: 11/27/1972 Age: 31 SSN: 416 11 4328 Height: 5'01" Weight: 150

✓ 1. Is inmate unconscious?

✓ 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?

✓ 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?

✓ 4. Any signs of poor skin condition, vermin, rashes or needle marks?

✓ 5. Does inmate appear to be under the influence of drugs or alcohol?

✓ 6. Any visible signs of alcohol or drug withdrawal?

✓ 7. Does inmate's behavior suggest the risk of suicide or assault?

✓ 8. Is inmate carrying any medication?

✓ 9. Does the inmate have any physical deformities?

✓ 10. Does inmate appear to have psychiatric problems?

✓ 11. Do you have or have you ever had or has anyone in your family ever had any of the following?

✓ a. Allergies

✓ f. Fainting Spells

✓ k. Seizures

✓ b. Arthritis

✓ g. Hearing Condition

✓ l. Tuberculosis

✓ c. Asthma

✓ h. Hepatitis

✓ m. Ulcers

✓ d. Diabetes

✓ i. High Blood Pressure

✓ n. Venereal Disease

✓ e. Epilepsy

✓ j. Psychiatric Disorder

✓ o. Other (Specify)

Other: \_\_\_\_\_

12. For females only:

✓ a. Are you pregnant?

✓ b. Do you take birth control pills?

✓ c. Have you recently delivered?

11/12/2003 17:50:43

## CHAMBERS CO. SHERIFF'S OFFICE

## MEDICAL SCREENING FORM

PAGE 1

Booking No: 030001707 Date: 11/12/2003 Time: 17:45 Type: NORMAL  
 Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
 DOB: 11/27/1972 Age: 30 SSN: 416 11 4328 Height: 5'01" Weight: 150

- N 1. Is inmate unconscious?
- N 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
- N 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
- N 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- N 5. Does inmate appear to be under the influence of drugs or alcohol?
- N 6. Any visible signs of alcohol or drug withdrawal?
- N 7. Does inmate's behavior suggest the risk of suicide or assault?
- N 8. Is inmate carrying any medication?
- N 9. Does the inmate have any physical deformities?
- N 10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?
- |                       |                                  |                              |
|-----------------------|----------------------------------|------------------------------|
| <u>N</u> a. Allergies | <u>N</u> f. Fainting Spells      | <u>N</u> k. Seizures         |
| <u>N</u> b. Arthritis | <u>N</u> g. Hearing Condition    | <u>N</u> l. Tuberculosis     |
| <u>N</u> c. Asthma    | <u>N</u> h. Hepatitis            | <u>N</u> m. Ulcers           |
| <u>N</u> d. Diabetes  | <u>N</u> i. High Blood Pressure  | <u>N</u> n. Venereal Disease |
| <u>N</u> e. Epilepsy  | <u>N</u> j. Psychiatric Disorder | <u>N</u> o. Other (Specify)  |

Other: \_\_\_\_\_

12. For females only:

- a. Are you pregnant?
- b. Do you take birth control pills?
- c. Have you recently delivered?

11/12/2003 17:50:43

CHAMBERS CO. SHERIFF'S OFFICE  
MEDICAL SCREENING FORM

PAGE 2

Booking No: 030001707 Date: 11/12/2003 Time: 17:45 Type: NORMAL  
Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAILInmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
DOB: 11/27/1972 Age: 30 SSN: 416 11 4328 Height: 5'01" Weight: 150

- N 13. Have you recently been hospitalized or treated by a doctor?
- N 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- N 15. Are you allergic to any medication?
- N 16. Do you have any handicaps or conditions that limit activity?
- N 17. Have you ever attempted suicide or are you thinking about it now?
- N 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a physician?
- N 21. Do you have any problems or pain with your teeth?
- N 22. Do you have any other medical problems we should know about?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Chris McCullough DATE: \_\_\_\_\_ TIME: \_\_\_\_\_BOOK OFFICER: [Signature] DATE: 11-12-07 TIME: 1939

03/19/2002 19:13:45 CHAMBERS CO. SHERIFF'S OFFICE  
MEDICAL SCREENING FORM

PAGE 1

Booking No: 020000499 Date: 03/19/2002 Time: 19:07 Type: NORMAL  
 Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
 DOB: 11/27/1972 Age: 29 SSN: 416 11 4328 Height: 5'01" Weight: 150

☒ 1. Is inmate unconscious?

☒ 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?

☒ 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?

☒ 4. Any signs of poor skin condition, vermin, rashes or needle marks?

☒ 5. Does inmate appear to be under the influence of drugs or alcohol?

☒ 6. Any visible signs of alcohol or drug withdrawal?

☒ 7. Does inmate's behavior suggest the risk of suicide or assault?

☒ 8. Is inmate carrying any medication?

☒ 9. Does the inmate have any physical deformities?

☒ 10. Does inmate appear to have psychiatric problems?

11. Do you have or have you ever had or has anyone in your family ever had any of the following?

☐ a. Allergies

☐ f. Fainting Spells

☐ k. Seizures

☐ b. Arthritis

☐ g. Hearing Condition

☐ l. Tuberculosis

☐ c. Asthma

☐ h. Hepatitis

☐ m. Ulcers

☐ d. Diabetes

☐ i. High Blood Pressure

☐ n. Venereal Disease

☐ e. Epilepsy

☐ j. Psychiatric Disorder

☐ o. Other (Specify)

Other:

12. For females only:

☐ a. Are you pregnant?

☐ b. Do you take birth control pills?

☐ c. Have you recently delivered?

## CHAMBERS CO. SHERIFF'S OFFICE

03/19/2002

19:13:45

## MEDICAL SCREENING FORM

PAGE 2

Booking No: 020000499 Date: 03/19/2002 Time: 19:07 Type: NORMAL  
 Agency to Bill: CHAMBERS COUNTY Facility: COUNTY JAIL

Inmate Name: MCCULLOUGH CHRISTOPHER CORNELIUOS Race: B Sex: M  
 DOB: 11/27/1972 Age: 29 SSN: 416 11 4328 Height: 5'01" Weight: 150

- ☒ 13. Have you recently been hospitalized or treated by a doctor?
- ☒ 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- ☒ 15. Are you allergic to any medication?
- ☒ 16. Do you have any handicaps or conditions that limit activity?
- ☒ 17. Have you ever attempted suicide or are you thinking about it now?
- ☒ 18. Do you regularly use alcohol or street drugs?
- ☒ 19. Do you have any problems when you stop drinking or using drugs?
- ☒ 20. Do you have a special diet prescribed by a physician?
- ☒ 21. Do you have any problems or pain with your teeth?
- ☒ 22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Chris McCullough DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BOOK OFFICER: [Signature] DATE: 3/19/02 TIME: 19:25



Date	Time	Treatments & Observations	Attending Physician/Nurse
4-4-02		<p>McCullough Christopher</p> <p>Physical - no blood drawn</p> <p>Health officer comes and draw blood for STD test - EBH/P</p>	
Copy Copy	8/15/02	<p>injured @ Elbow, + @ Hand</p> <p>needs X Ray</p>	
	8/16	<p>X Ray hand no ev of fx. reduced</p>	BM
	12/19/02	<p>prob sleeping, prob few wks</p> <p>Doxepin 50mg</p>	BM
✓ 2-7-03		<p>cc Chest wall pain - BM</p> <p>no sign of acute pain</p> <p>Has good lung air exchange - BM</p> <p>Advil 200mg x 3 given - BM</p>	
	2/27/03	<p>out of doxepin 12 wks</p> <p>not sleeping.</p> <p>Doxepin 50mg</p>	
3-7-03		<p>cc Small sore to Rt big toe - neosporin oint. applied - Advised to see MD if worse - BM</p>	BM

## Chambers County Detention Facility

## Individual Health History

Name <i>McCullough Christopher Cornelius</i>	SSN <i>416 1143 28</i>	Race <i>B</i>	Sex <i>M</i>
Address <i>604 So. 1st Ave</i>	Date of Birth <i>11 27 72</i>	Date <i>4-4-02</i>	
City • State <i>Lanett AL 36863</i>	Dept. • Occupation <i>none</i>		

Family History		Have your parents ever had these diseases? (Yes or No)							
Parent	Age	If living give State of Health	If deceased give Cause & Age at Death	TB	Diabetes	Cancer	High Blood Pressure	Heart Disease	Mental Illness
Father			<i>? deceased</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>
Mother	<i>52</i>	<i>good</i>		<i>no</i>	<i>no</i>	<i>no</i>	<i>?</i>	<i>no</i>	<i>no</i>
Have you ever had these diseases?				<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>	<i>no</i>

Personal History		Place an X under Yes or No		Have you ever had, or have you now?	
Item	Yes	No	Item	Yes	No
Asthma - Hay Fever		<input checked="" type="checkbox"/>	Reaction From Medicines		<input checked="" type="checkbox"/>
Shortness Of Breath		<input checked="" type="checkbox"/>	Skin Trouble - Hives		<input checked="" type="checkbox"/>
Chronic Cough Or Colds		<input checked="" type="checkbox"/>	Indigestion - Gastritis		<input checked="" type="checkbox"/>
Coughing Or Vomiting Blood		<input checked="" type="checkbox"/>	Liver Or Gall Bladder Disease		<input checked="" type="checkbox"/>
Chills, Fever, Or Night Sweats		<input checked="" type="checkbox"/>	Films Or Rectal Disease		<input checked="" type="checkbox"/>
Back Injury Or Low Back Pains		<input checked="" type="checkbox"/>	Rupture - Hernia - Strain		<input checked="" type="checkbox"/>
Bone Or Joint Deformity		<input checked="" type="checkbox"/>	Ulcer		<input checked="" type="checkbox"/>
Broken Bones Or Bone Disease		<input checked="" type="checkbox"/>	Excessive Weight Gain Or Loss		<input checked="" type="checkbox"/>
Foot Trouble		<input checked="" type="checkbox"/>	Frequent Urination, Burning		<input checked="" type="checkbox"/>
Rheumatism Or Arthritis		<input checked="" type="checkbox"/>	Difficulty Starting Or Stopping Stream		<input checked="" type="checkbox"/>
Varicose Veins Or Operations		<input checked="" type="checkbox"/>	Kidney Stones Or Blood In Urine		<input checked="" type="checkbox"/>
Fast Or Irregular Heartbeat		<input checked="" type="checkbox"/>	Veneral Disease - Treatment		<input checked="" type="checkbox"/>
Chest Pain Or Pressure		<input checked="" type="checkbox"/>	Glaucoma Or Cataracts		<input checked="" type="checkbox"/>
High Blood Pressure		<input checked="" type="checkbox"/>	Eye Or Ear Injury - Defect		<input checked="" type="checkbox"/>
Heart Trouble		<input checked="" type="checkbox"/>	Headaches - Frequent Or Severe		<input checked="" type="checkbox"/>
Rheumatic Fever		<input checked="" type="checkbox"/>	Vision Difficulties		<input checked="" type="checkbox"/>
Shoulder, Arm Or Hand Pains		<input checked="" type="checkbox"/>	Throat Or Thyroid Problems		<input checked="" type="checkbox"/>
Swelling Ankles Or Feet		<input checked="" type="checkbox"/>	Hearing Difficulty		<input checked="" type="checkbox"/>
			Females Only		
			Treated For Female Disorders		
			Had Painful Menstruation		
			Or. P. Ab.		
			Lmp		
			Pregnant At This Time		
			Medications		

Answer Each Question	Yes	No	If "yes" Give Details Below
Have you ever had illnesses or injuries other than those listed above		<input checked="" type="checkbox"/>	
Have you ever been a patient in a hospital or sanatorium?	<input checked="" type="checkbox"/>		<i>years ago &amp; stayed at HHL</i>
Have you ever had or ever been advised to have an operation?		<input checked="" type="checkbox"/>	<i>for 2 days? HSW stab wound + 2</i>
Have you ever been disqualified for duty in or discharged from the armed services for medical reasons?		<input checked="" type="checkbox"/>	
Have you ever filed a compensation claim or received benefits as a result of an industrial injury or disease?		<input checked="" type="checkbox"/>	
Have you lost time from work due to illness or injury in the past two years?		<input checked="" type="checkbox"/>	
Has your work ever been limited or restricted on account of your health?		<input checked="" type="checkbox"/>	
Have you any physical complaint, impairment or disability at present?		<input checked="" type="checkbox"/>	
Are you taking any medicines or drugs now?		<input checked="" type="checkbox"/>	
Have you any condition requiring a special work assignment if you are hired?		<input checked="" type="checkbox"/>	
Have you ever been consulted or been treated by clinics, physicians, or healers or other practitioners within the past five years?		<input checked="" type="checkbox"/>	
Have you any other health problems you would like to discuss with the doctor?		<input checked="" type="checkbox"/>	
Would you say your present health is:	<input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		

The preceding answers are full and true to the best of my knowledge and belief. I understand that this will become part of my medical record.

*Chris McCullough*  
Signed

*4-4-02*  
Date